DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 30677 7740

REG'D OCT 14 1939 791

Registration District No. 1003

Primary Registration District No.

Registrar's No.

**1. PLACE OF DEATH:**

(a) County 1

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One week (Specify whether

In this community Since birth
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 1

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 5536 West Florissant Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME NAOMI CZERWINSKI 1052

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband ~~or wife~~ Frank Czerwinski

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased March 6, 1896
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 43 | 5 | 29 | hr. min. |

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Alfred Newman
13. Birthplace Denmark
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Donahue
15. Birthplace Baltimore Md.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Czerwinski
(b) Address 5536 West Florissant Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) SEP 7 1939 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 5th
year 1939 hour 4:40 PM minute M.

21. I hereby certify that I attended the deceased from april 10, 1937, to Sept 5, 1939; that I last saw h~~er~~ alive on Sept 5, 1939; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chr. Myocarditis | |
| Due to Embolism Rt Iliac artery | |
| Due to Hypertension Carcinoma Rt breast | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury

23. Signature C W Schumacher (M. D. or other)
Address 4981 Shenal Date signed 9-7-39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed. William G. Buckholz

Licensed Embalmer No. 2110 O

P. O. Address. St. Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**